

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------------------|
| FEES DETERMINATION | SAC | | 3/22/00 3-200 |
| O.I.P.E. CLASSIFIER | MM | | |
| FORMALITY REVIEW | | 69055 | 5-5-00 |
| RESPONSE FORMALITY REVIEW | | 69055 | 6-15-00 |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final Original | |
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| Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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